

**RESPONSE TO THE CONSULTATION ON (DRAFT) STATUTORY
GUIDANCE ON CARE AND SUPPORT**

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Having perused the draft Guidance paper circulated it appears comprehensive and clear to me as a person who has no direct involvement in the provision of care and support. I do however, based upon experience over recent years, have some concern that there appears no reference to the need to consider wider risk in the community and will endeavour to explain my thinking below. As I was unsure of which section of the consultation was most relevant to populate with this response I have submitted as a stand alone document. Sections 5 and 9 of the consultation would however appear most relevant.

My concern arises directly from my experience in the role as Multi Agency Public Protection (MAPPA) Coordinator covering Aberdeenshire, Aberdeen City and Morayshire over the past 4 years.

MAPPA came into operation in Scotland in 2007 and operates under the provisions of the Management of Offenders (Scotland) Act 2005, Sections 10 and 11. These provisions place a statutory duty on the responsible authorities in a local authority area to jointly establish arrangements for assessing and managing risk presented by certain offenders. The Responsible Authorities are the Local Authority, Police Scotland, the local NHS and the Scottish Prison Service.

The fundamental purpose of MAPPA is public protection and the reduction of serious harm. The protection of children, adults at risk and other members of the public is paramount. The MAPPA currently offer a co-ordinated approach to the management of those people subject to Sex Offender Notification Requirements (generally referred to as Registered Sex Offenders –RSO's) and certain mentally disordered offenders (Restricted Patients). Serious Violent offenders may be included in MAPPA in years to come, however this awaits Scottish Government direction.

The MAPPA are founded on the basis of targeting resources where they are most required to maximise public safety.

All offenders managed at MAPPA Levels 2 and 3 are subject of regular review meetings involving the Police Offender Management Unit, Criminal Justice Social Work, and Housing representatives. In relevant cases, representatives from Children & Families Social Work, Adult Care and the Health services, and 3rd sector agencies may be in attendance. All such cases are subject of detailed discussion relative to Risk assessment and Risk management, with

robust recording and the development of a Multi Agency Risk Management Plan. Defensibility is a key consideration in this process.

Those offenders managed at MAPPA Level 1 (the vast majority) are subject of multi agency working to varying degrees dependant upon a number of variables. These offenders are not subject of the ongoing formal review as per Level 2 and 3, however individual agencies, primarily the Police and Criminal Justice Social Work, will have their own well documented plans, procedures and records.

The need for a statutory partnership approach to the management of the risk posed by sex offenders and restricted patients has been highlighted by high-profile cases in which it was apparent that the capacity of individual agencies to assess, plan and manage the needs of offenders who pose a risk to the community is diminished because of the natural limit imposed by each agency's statutory function and professional boundaries.

RSO's come from all walks of life and to a degree reflect the diversity of our communities. A small number of offenders may be living within a care setting and a far greater number are in support of varying degrees of care and support for a range of reasons, be this mental or physical health, learning disability, addictions or for some other reason.

All RSO's are subject of ongoing risk assessment. Where mental health or learning disability is a factor in their life it is likely that Forensic Mental Health professionals will have input to or regularly lead on risk assessment. These colleagues will commonly give a view or recommendation on the level of support that such a client needs, this with due consideration to their needs, but also to the level of risk that they present to the community.

The SDS Guidance rightly and clearly places a responsibility upon bodies to assess the level of need of a client, and whilst reference is made to risk, my interpretation is that this equates to the RISK TO the client. The challenge or conflict that I see in this is that, where the client is an RSO the Management of Offenders (Scotland) Act 2005 also places a responsibility upon the same bodies to assess and manage the RISK PRESENTED BY the client.

The foregoing is equally relevant to offenders with addiction issues that directly impact upon their risk and where the option of direct payments would likely aggravate and extend that risk.

In many situations, it may be the case that the relevant authorities can discharge their SDS and Management of Offender Responsibilities in a cohesive, efficient and effective way by developing either a single risk management plan or two plans that compliment each other and that recognise both the needs of the client and the management of the risk that they present.

I consider this to be an element of the current draft guidance that is worthy of further exploration with a view to enhancing the way in which such cases are currently managed.

I have shared this view with the Scottish Government Sex Offender Strategy Unit for their consideration of impact upon or input to National MAPPA Guidance.